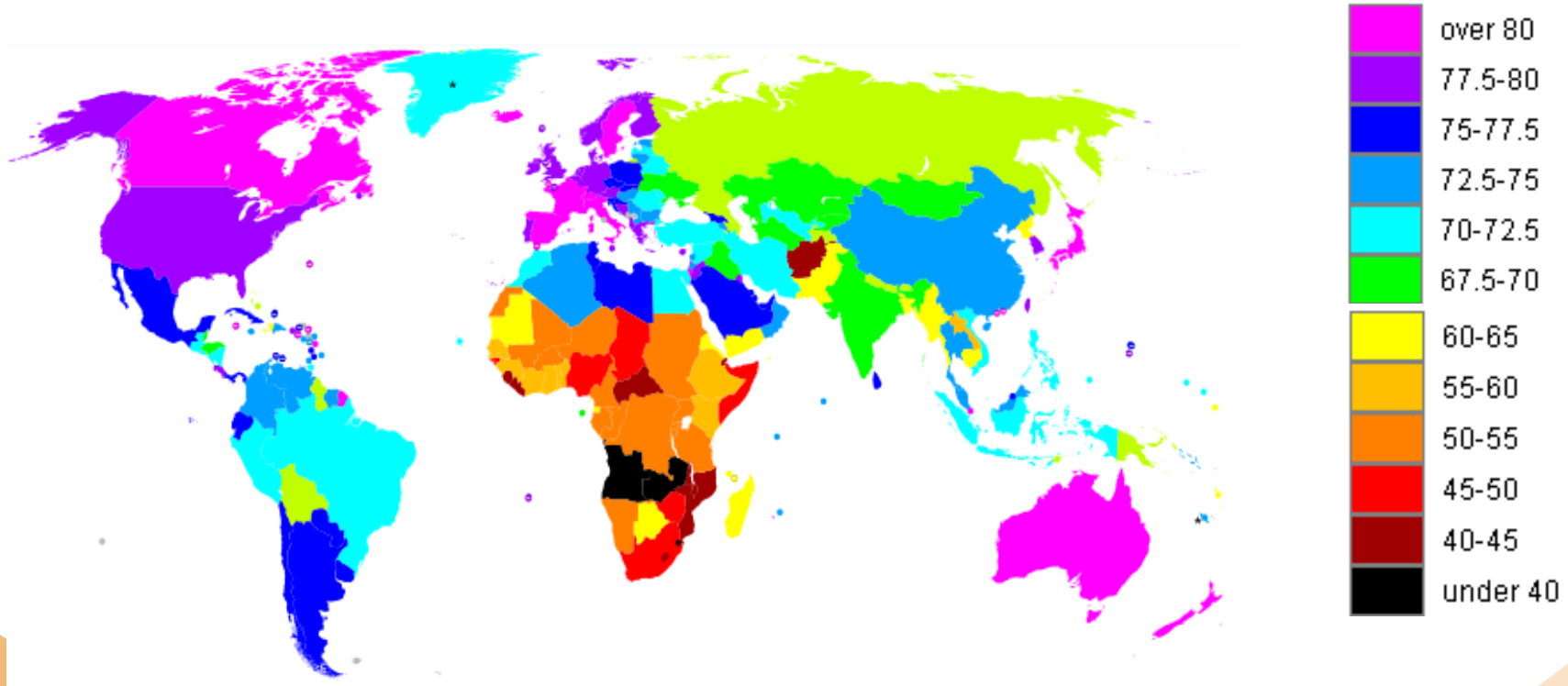
Integrated Health Homes For Iowa Plan Members

Magellan Behavioral Care of Iowa

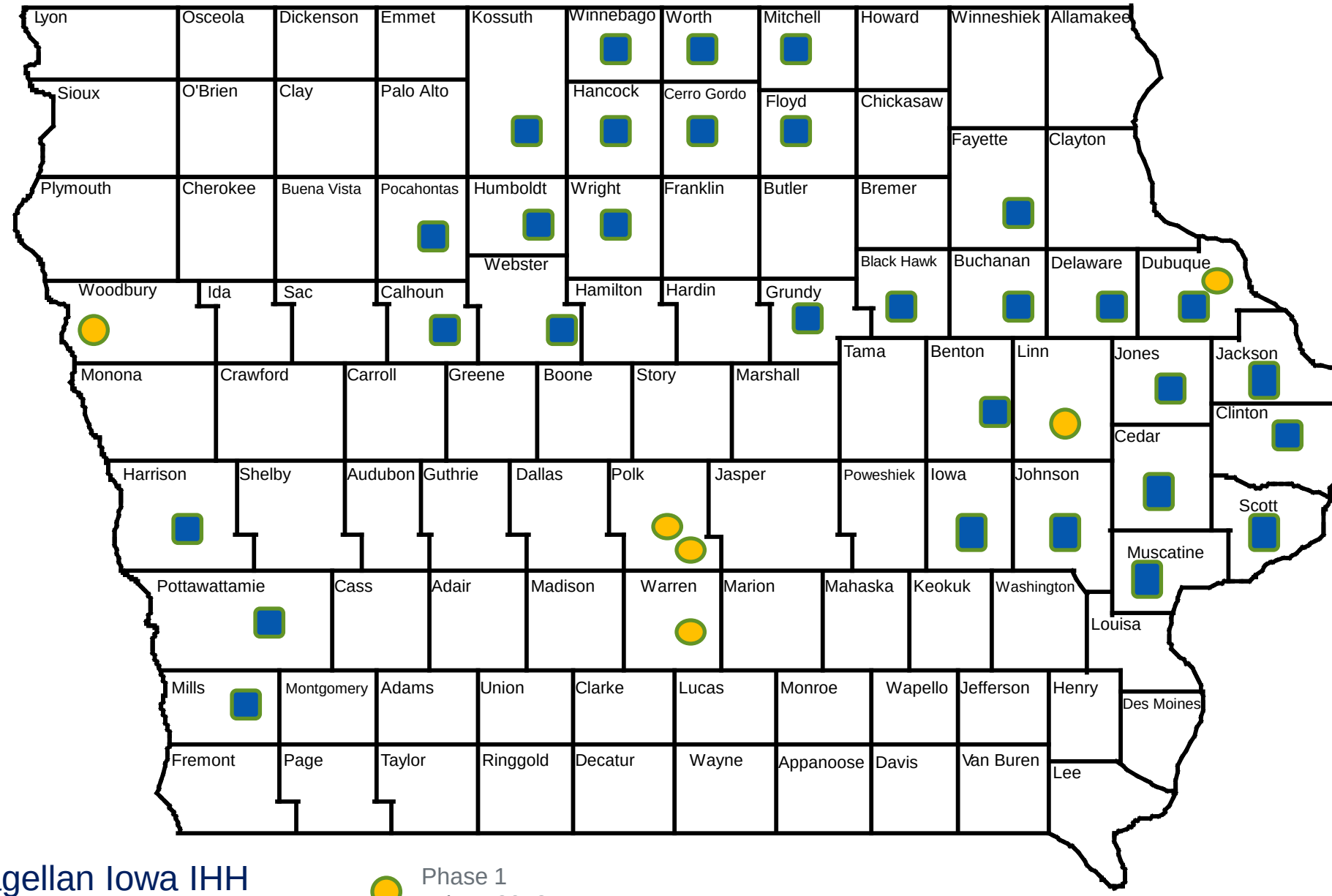
October 2013

MAGELLAN BEHAVIORAL HEALTH

Why IHH? :The drastically reduced lifespan for people with SMI and SMI/SUD is comparable with Sub-Saharan Africa



NASMHPD 2006 Study: *Morbidity and Mortality in People with Serious Mental Illness*



Magellan Iowa IHH SPA Phases

Phase 1
July 1, 2013

Phase 2
April 1, 2014

Phase 3 (all other counties)
July 1, 2014

August 2013

Upcoming Phase II Informational Meetings for Providers

- **Council Bluffs – October 24, 2013 (10-12:30) Council Bluffs Public Library, room B, 400 Willow Ave, Council Bluffs**
- **Clinton – November 6, 2013 (11 - 1:30) Clinton Community College Tech Center, room 10, 1000 Lincoln Blvd., Clinton**
- **Fort Dodge – October 22, 2013 (10-12:30) Fort Dodge Public Library, 424 Central Avenue, Fort Dodge**
- **Iowa City – October 29, (10-12:30) 2013 Coralville Public Library, 1401 5th Street, Coralville**
- **Mason City – November 4, 2013 (10-12:30) Mason City Public Library, 225 2nd Street SE, Mason City**
- **Waterloo – October 31, 2013 (10-12:30) Pinecrest Building, room 201, 1407 Independence Avenue, Waterloo**

Integrated Health Homes Enrollment

15-Oct-13

IHH-PHASE 1 JULY 1, 2013 ROLL-OUT	Counties Served	Attributed	Actively Engaged
Pediatric IHH			
Orchard Place	Polk/Warren	2,669	874
Four Oaks	Linn	1,638	543
Tanager Place	Linn	1,307	601
Child Health Spec. Clinic/U of I	Dubuque	898	104
Hillcrest	Dubuque	N/A	10/1 start
Lifeworks	Polk/Warren	598*	98
YESS	Polk/Warren	1185*	16
TOTAL		6,512	2,236
Adult IHH			
Abbe	Linn	1,962	1,215
Broadlawns	Polk/Warren	2,204	926
Eyerly Ball	Polk/Warren	1,134	598
Siouxland	Woodbury	668	435
CSA	Polk/Warren	N/A	17
Hillcrest	Dubuque	990*	10/1start
TOTAL		5,968	3,191
TOTALS		**12,480**	**5,427**

IHH TEAM APPROACH

Magellan

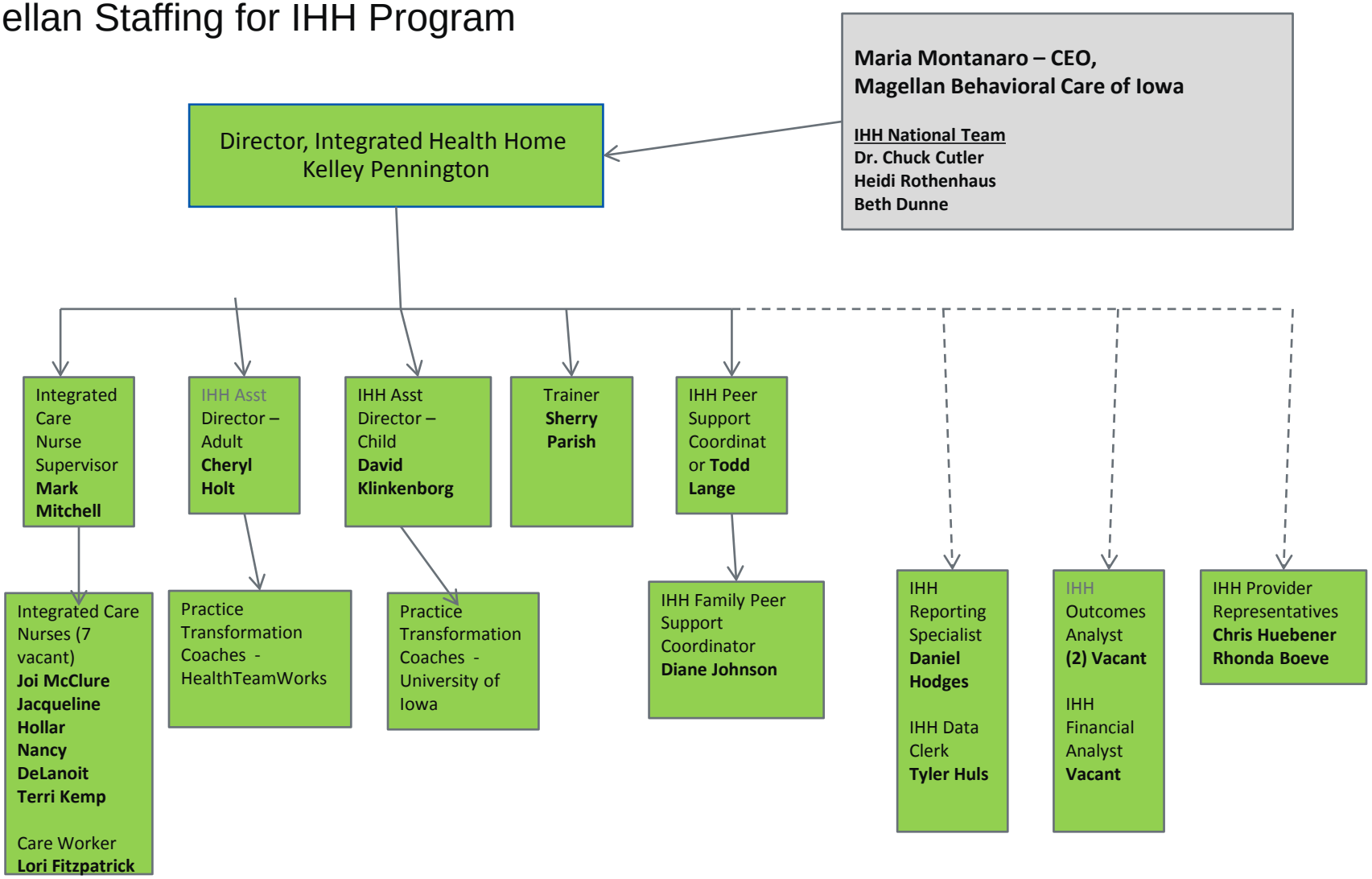
- Selects IHH providers
- Provides care management support through
  - ✓ Claims-based reporting to identify gaps in care
  - ✓ Risk analysis
  - ✓ Development of online tools

  to support daily service delivery and population management needs

Community IHH Provider

- Develops care teams to work with members
- Uses data and technology to oversee and intervene in the total care of the member
- Works with community services and supports to address member/family needs
- Develops whole-health approaches for care

Magellan Staffing for IHH Program



TCM clients move to IHH for Care Coordination

- 15% of the IHH members have had Targeted Case Management
- TCMs work to transition care to IHHs within the first 6 months that they are established (by county)
- IHH members must migrate from TCM to IHH
- IHH has a special intensity program and payment for TCM called Intensive Care Management (ICM)
- ICM replaces TCM but the programs are different
- ICM provides a one to one relationship for the member with an IHH social worker and monthly interaction between the IHH team and the member.
- ICM also gives the client peer support, nurse care management and other program support
- ICM provides more involvement in care management, including physical health care management, with a team at Magellan supporting services and authorizations.

IHH Provider Staffing Model Example:
1,200 members (3 teams with 400 members per team) including 180 (15%) Intensive Care Management (formerly TCM)

Nurse Care Coordinator			
Care Coordinator 15 ICM 85 non-ICM	Care Coordinator 15 ICM 85 non-ICM	Care Coordinator 15 ICM 85 non-ICM	Care Coordinator 15 ICM 85 non-ICM
Peer Support Specialist 200 members		Peer Support Specialist 200 members	

Nurse Care Coordinator			
Care Coordinator 15 ICM 85 non-ICM	Care Coordinator 15 ICM 85 non-ICM	Care Coordinator 15 ICM 85 non-ICM	Care Coordinator 15 ICM 85 non-ICM
Peer Support Specialist 200 members		Peer Support Specialist 200 members	

Three IHH Teams

Nurse Care Coordinator			
Care Coordinator 15 ICM 85 non-ICM	Care Coordinator 15 ICM 85 non-ICM	Care Coordinator 15 ICM 85 non-ICM	Care Coordinator 15 ICM 85 non-ICM
Peer Support Specialist 200 members		Peer Support Specialist 200 members	

Suggested ratios for ICM are between 25 and 50 members though funding will support lower staff ratios

PER MEMBER PER MONTH BREAKDOWN

Adult Member	Monthly Payment
IHH Adult (Non-ICM)	$80.38 PMPM
IHH Adult ICM (formerly TCM clients)	$280.38 PMPM*

Pediatric Member	Monthly Payment
IHH Pediatric (Non-ICM)	$103.39 PMPM
IHH Pediatric ICM (formerly TCM clients)	$303.39 PMPM*

* ICM pmpm payments were calculated using actual claims billing for TCM services per client, per month, which ranged from $175-$350 on average.

Outcome data for the Pilot Period

ER USE FOR MH PURPOSES

- # of ER visits for mental health reasons decreased 26%
- # of members using ER decreased by 16%

INPATIENT PSYCHIATRIC ADMISSIONS

- # of psychiatric admissions decreased by 36%
- # of members admitted for psychiatric reasons decreased by 40%

IHH Pilot Program -Member Experience Survey Results

- The IHH member experience survey, comprised of 28 questions, was conducted in May and early June 2012 for IHH participants with at least 3 months or more* participation in the program.
- The survey was facilitated by IHH peer support specialists, care coordinators, and other IHH team members on site; IHH participants were given the option to complete the survey with assistance or on own.
- Of 381 eligible, 165 IHH participants completed the survey, representing an impressive **43%** overall response rate*

Survey Population	Total Eligible	Number of Respondents	Response Rate	Overall Satisfaction
All IHH Eligible Members	381	165	43.3%	94.8%
Abbe Center	121	37	30.6%	97.3%
Eyerly Ball MHC	152	47	30.9%	88.4%
Heartland	22	18	81.8%	100.0%
Siouxland MHC	86	63	73.3%	96.5%

* Based on this criteria, Broadlawns participants did not participate in this round of survey administration.

Outcome Measures

- IHH program is measuring health outcomes for the management of chronic diseases
- IHH is measuring ER and hospital utilization for its members
- IHH is measuring health and wellness goals of clients
- IHH members have individualized care plans for the coordination of their care.
- IHH teams engage physical health providers in care planning
- IHH members are surveyed on satisfaction
- The IHH program is independently evaluated for performance, cost efficiency and outcomes by the University of Iowa
- Magellan supports IHH provider performance and helps them change their system of care to conform with medical home and ACO models.

Where is it all going?
IHH and its role in improving the health care system

- **Value Based System of Care**
  - Client Focused
  - Comprehensive
  - Holistic and Integrated
  - Population Focused
  - Outcomes Based
  - Cost Effective

- **IHH and ACOs**
  - ACOs need to change care systems to increase value and produce better outcomes on a broad-scale, across populations
  - IHH is designed to increase value and produce better outcomes for the seriously mentally ill (smaller focused population group)
  - Both focus on the value-based system of care
  - One program builds off the other and when they work together, move the delivery system to better integration.

Where is it all going?
The Role of Magellan in Care Transformation

- **Tools, Training and Oversight**
  - Network Development- Capacity Building, Provider Performance Profiles
  - System Improvement
  - Use and flow of data to providers, clients and external stakeholders
- **Team Based Approach to Care Management**
  - CM at the point of Care
  - CM directly with the client
  - CM at the MBHO
- **Value Based Contracting**
  - Aligning Payments with Incentives
- **Quality Assurance and Program Integrity**
- **Program Innovation**
  - Using new and innovative approaches to enhance care and engage clients in care management

For More Information: www.MagellanofIowa.com

Maria Montanaro, CEO- Magellan Behavioral Care of Iowa

515-273-5035

mmontanaro@magellanhealth.com

Kelley Pennington, IHH Director

Kmpennington@Magellanhealth.com